

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY									
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits 		<table border="1"> <tr> <td>A Received by (Please Print Clearly) J. P. SELL</td> <td>B Date of Delivery 9-12-03</td> </tr> <tr> <td colspan="2">C Signature [Signature]</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No </td> </tr> </table>		A Received by (Please Print Clearly) J. P. SELL	B Date of Delivery 9-12-03	C Signature [Signature]		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee		D Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
A Received by (Please Print Clearly) J. P. SELL	B Date of Delivery 9-12-03										
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<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee											
D Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No											
1 Article Addressed to * 03-192 Crossroads Investments, LLC 1301 Ohio Street Terre Haute,, IN 47807		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.									
2 Article Number (Copy from service label) 7002-0510-0003-8378-2912		4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes									

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

DOCKET NO. **03-192**

**CERTIFIED
MAIL**

ORDER DATED 9-5-03
FEE 03-2753
MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

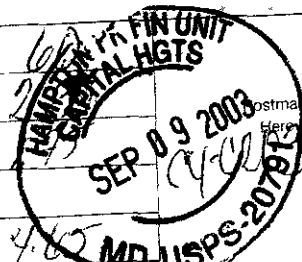
NAME: *** 03-192**
Crossroads Investments, LLC
1301 Ohio Street
Terre Haute,, IN 47807

C. R. R. NO.

7002 0510 0003 8378 2912

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Encorsement Required)	
Restricted Delivery Fee (Encorsement Required)	
Total Postage & Fees	\$ 4.65



Sent To **CROSSROADS INVESTMENT LLC**
 Street Apt No **1301 OHIO STREET**
 City State ZIP+4 **TERRE HAUTE IN 47807**

PS Form 3800, January 2001 See Reverse for Instructions